

# **Georgia Department of Insurance**

## **Data Call for 2015**

### **Instruction Sheet**

In order to ensure adequate coverage options are provided for Georgia properties in areas susceptible to hurricane and wind risk, the Georgia Insurance Department (the "Department") is conducting a Data Call to identify coverage in force in Georgia by carrier and location.

**DATA SUBMISSION DUE: OCTOBER 30, 2015**

### **Steps for Completing Data Call**

1. Identify Company point(s) of contact for the purposes of transmitting information to and from the Department throughout the Data Call process.
2. Send an email to [GAdatacall@agiservices.net](mailto:GAdatacall@agiservices.net), with the following information for each Company contact:
  - a. Name
  - b. Email Address
  - c. Phone Number
3. Compile policy records for all active policies as of May 30, 2015 using the file layout provided in Exhibit 1. Coverage included in this submission by Annual Statement Line of Business are:

- Line 1. Fire
- Line 2.1 Allied lines
- Line 3. Farmowners multiple peril
- Line 4. Homeowners multiple peril
- Line 5.1 Commercial multiple peril (non-liability portion)

While coverage written on a surplus lines basis is not required by this data call, information from surplus lines carriers would be beneficial and is requested on a voluntary basis.

4. List all policy records, one per line, in a delimiter-separated values text file using the "|" or pipe character as the delimiter. Please be sure to separate lines by pressing enter at the end of each line. A sample submission record has been

included in Exhibit 2 and Exhibit 5. When the file is complete, save the text file using the following naming convention:

“CompanyName\_2015DataCall\_X.txt”

where X is the number of the submission beginning with “1” for the initial submission and “2” for the second submission if a resubmission is necessary.

5. Upload the completed file and a signed copy of the Officer Submission Statement shown in Exhibit 6 using the following Citrix Sharefile<sup>1</sup> link:

<https://agiservices.sharefile.com/requireduserinfo.aspx?id=r1e0571da97b425d8&type=request>

This link automatically sets up an account to provide upload access only. If additional access is needed, please contact Trina Barton at 678-788-7781 or [GAdatacall@agiservices.net](mailto:GAdatacall@agiservices.net) to make other arrangements for upload.

6. Send a confirmation email to [GAdatacall@agiservices.net](mailto:GAdatacall@agiservices.net) noting that your company has uploaded all necessary information for the 2015 Data Call to the ShareFile website.
7. Your submission will be reviewed for compliance with the format required. If your submission is not consistent with the required format, you will be contacted to explain any correction needed and to set up a re-submission.

Should you or anyone at your Company have any issues or questions throughout the Data Call process, please contact Trina Barton at 678-788-7781 or [GAdatacall@agiservices.net](mailto:GAdatacall@agiservices.net). We look forward to working with you and appreciate your participation in the data call.

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<sup>1</sup> Citrix Sharefile data sharing is encrypted using either Secure Socket Layer (SSL) or Transport Layer Security (TLS) encryption protocols and up to AES 256-bit encryption. Files are also protected while at rest on ShareFile’s servers with AES 256-bit encryption. Additional information on security provided by Citrix ShareFile is available at [www.sharefile.com](http://www.sharefile.com).

## Exhibit 1      File Layout

The following fields must be provided in a pipe delimited text file. For the pipe “|” symbol, press the *Shift* key and the “\” key which is commonly above the enter key. If any field is not provided, please enter as a blank field with delimiters to maintain the proper field count.

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Field #	Description	Type	Notes
1	Policy Number	Special	Include characters A-Z, 0-9, and “-“
2	Effective Date of Current Policy	Date	Must use standard date format, example 01/01/2015
3	Expiration Date of Current Policy	Date	Must use standard date format, example 01/01/2015
4	Total Insured Value - Building/ Dwelling (Coverage A)	Numeric	Must be greater than zero; if none, report as zero. Report whole dollar amounts only.
5	Total Insured Value – Other Structures (Coverage B)	Numeric	Must be greater than zero; if none, report as zero.. Report whole dollar amounts only.
6	Total Insured Value – Personal Property / Contents (Coverage C)	Numeric	Must be greater than zero; if none, report as zero. Report whole dollar amounts only.
7	Total Insured Value – Loss of use / Additional Living Expenses (Coverage D)	Numeric	Must be greater than zero; if none, report as zero. Report whole dollar amounts only.
8	Type of Business	Numeric	Enter applicable code from Exhibit 2, Field 8.
9	Line of Business	Numeric	Enter applicable code from page Exhibit 2, Field 9.
10	Second Home	Alpha	Enter a “Y” if the policy is known to insure a secondary or other residence; otherwise enter “N”

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Field #	Description	Type	Notes
11	Street Address 1	Alpha-numeric	Enter Street address with abbreviations as outlined Exhibit 2, Field 11.  Optional if Geo codes are provided in Fields 16 and 17 below. If not provided, please enter as a blank field with delimiters to maintain the proper field count.
12	Street Address 2	Alpha-numeric	Enter additional address with abbreviations as outlined Exhibit 2, Field 11.(if second line is needed)  Optional if Geo codes are provided in Fields 16 and 17 below. If not provided, please enter as a blank field with delimiters to maintain the proper field count.
13	City	Alpha	Enter City Name  Optional if Geo codes are provided in Fields 16 and 17 below.
14	Zip + 4	Alpha-numeric	Enter Zip Code and Plus 4 separated by dash (“-”). Example 12345-1234 If only five digit zip code information is available, enter just the five digits
15	County	Numeric	Enter county FIPS code. A table of FIPS codes for Georgia is provided in Exhibit 3.

## Exhibit 1      File Layout

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Field #	Description	Type	Notes
16	Geo Code (Latitude)	Numeric	<p>Enter Latitude coordinate (use a floating point data type)</p> <p>Optional if address is provided in fields 11, 12, and 13 above. If not provided, please enter as a blank field with delimiters to maintain the proper field count.</p> <p><b>IF GEO CODE IS STORED AS ONE PAIR, ENTER PAIR IN FIELD 16 AND ENTER A BLANK DELIMITER FOR FIELD 17.</b></p>
17	Geo Code (Longitude)	Numeric	<p>Enter Longitude coordinate (use a floating point data type)</p> <p>Optional if address is provided in fields 11, 12, and 13 above. If not provided, please enter as a blank field with delimiters to maintain the proper field count.</p> <p><b>IF GEO CODE IS STORED AS ONE PAIR, ENTER PAIR IN FIELD 16 AND ENTER A BLANK DELIMITER FOR FIELD 17.</b></p>
18	Deductible Group	Alpha-numeric	Enter a deductible code from Exhibit 2, Field 18.
19	NAIC Number	Numeric	Enter Your NAIC Number
20	NAIC Group Code	Numeric	Enter your NAIC Group Number. If none, enter 0000.

## Exhibit 1      File Layout

The following fields must be provided in a pipe delimited text file. For the pipe “|” symbol, press the *Shift* key and the “\” key which is commonly above the enter key. If any field is not provided, please enter as a blank field with delimiters to maintain the proper field count.

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Field #	Description	Type	Notes
21	Length of Time with Carrier	Numeric	Length of time insured has been a policyholder with current carrier in years.
22	Wind/Hail Exclusion	Alpha	Enter “Y” if policy has a wind/hail exclusion or “N” if policy does not have wind/hail exclusion.
23	Submission Year	Numeric	Enter year in which data is submitted (i.e. 2015)
24	General Use Field	TBD	Reserved for future use as needed
25	General Use Field	TBD	Reserved for future use as needed
26	General Use Field	TBD	Reserved for future use as needed

## Exhibit 2      Description of Data Fields

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1. **Policy Number** – Enter the Covered Policy Number
2. **Effective Date** – Enter the Effective Date for the current Policy
3. **Expiration Date** – Enter the Expiration Date for the current Policy
4. **Total Insured Value for Buildings/Dwelling** – Enter the total value insured for building or dwelling covered under the Policy similar to Coverage A. Report dollar amount rounded to whole dollar in a numeric format. If none, then enter zero.
5. **Total Insured Value for Other Structures** – Enter the total value insured for other structures covered under the Policy similar to Coverage B. Report dollar amount rounded to whole dollar in a numeric format. If none, then enter zero.
6. **Total Insured Value for Personal Property/Contents** – Enter the total value insured for personal property or other contents covered under the Policy similar to Coverage C. Report dollar amount rounded to whole dollar in a numeric format. If none, then enter zero.
7. **Total Insured Value for Additional Living Expenses** – Enter the total value insured for additional living expenses under the Policy similar to Coverage D. Report dollar amount rounded to whole dollar in a numeric format. If none, then enter zero.
8. **Type of Business** – All exposure should be classified as one of the following TOBs. Exposure for scheduled personal property written under attachments, endorsements, and riders; any policy separately covering personal property; or any policy separately covering commercial residential contents should be reported as the TOB it is associated with. If the exposure is not associated with another policy, it should be reported as TOB “4” (Tenants), with the exception of mobile home related property, which must still be reported as TOB “3” (Mobile Home).

Type of Business	Code
Commercial	1
Residential	2
Mobile Home	3

Type of Business	Code
Tenants	4
Condominium Unit Owners	5

## Exhibit 2      Description of Data Fields

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### General TOB Instructions:

- **“Commercial”** should be used for commercial-habitation exposures such as apartment buildings and condominium complexes. Do not use this TOB for individual condominium unit owners.
- **“Mobile Home”** should be used for all mobile home coverages, regardless of the policy form on which coverage is written, including coverage provided to a person(s) renting a mobile home.
- **“Tenants”** should be used for policies providing property coverage to a person(s) entitled to occupy a dwelling unit (including a condominium unit) under a rental agreement. Do not use this TOB for any policy providing coverage to a person renting a mobile home. Exposure for scheduled personal property written under attachments, endorsements, and riders; any policy separately covering personal property; or any policy separately covering commercial residential contents should be reported as the TOB it is associated with. If the exposure is not associated with another policy, it should be reported as Tenants.
- **“Condominium Unit Owners”** should be used for individual condominium unit owners, whether owner or tenant occupied. Do not use this TOB for condominium complexes or multi-unit structures.

9. **Line of Business** – Exposure information for Covered Policies is to be reported using the following codes (use the code your company deems most appropriate):

Line of Business	Code
Fire and Allied Lines	1
Homeowners Multiple Peril	2
Farmowners Multiple Peril	3

Line of Business	Code
Commercial Multiple Peril	4
Mobile Homeowners	5

For coverage written on a surplus lines basis or non-admitted basis, include an “S” in this field following the numerical code. For example, Fire and Allied Lines coverage written on a surplus lines would be entered as “1S”.

For coverage written as a part of the Georgia Fair Access to Insurance Requirements Plan (the “FAIR Plan”), include an “F” in this field following the numerical code. For example, Fire and Allied Lines coverage written under the FAIR plan would be entered as “1F”.

10. **Second Home** – Enter a “Y” if the policy is known to insure a secondary or other residence; Otherwise, enter “N”.



## Exhibit 2      Description of Data Fields

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11. **Street Address 1** – Enter the Street Number and Name with spaces between number and name. You are permitted to use abbreviations (such as Rd for Road, Pkwy for Parkway, NE for Northeast) when applicable.

Note: Address fields 11, 12, and 13 are optional if geo codes are provided in fields 16 and 17 below.

12. **Street Address 2** – Enter additional address information as needed such as suite number, apartment number or other additional address information.

Note: Address fields 11, 12, and 13 are optional if geo codes are provided in fields 16 and 17 below.

13. **City** – Enter full name of city with spaces.

Note: Address fields 11, 12, and 13 are optional if geo codes are provided in fields 16 and 17 below.

14. **Zip + 4** – Enter Zip + 4 of address on policy; if only five digit zip code information is available, enter only the five digits. Required even if Geo Codes are provided.

15. **County** – Enter Federal Information Processing Standard (FIPS) code for County from table in Exhibit 4. Required even if Geo Codes are provided.

16. **Geo Code (Latitude)** – Enter latitude coordinate (using a floating point data type)

Note: Geo codes are optional if address is provided in fields 11, 12, and 13 above. **If geo code is stored as one pair, enter in field 16 and enter a blank delimiter for field 17.**

17. **Geo Code (Longitude)** – Enter longitude coordinate (using a floating point data type)

Note: Geo codes are optional if address is provided in fields 11, 12, and 13 above. **If geo code is stored as one pair, enter pair in field 16 and enter a blank delimiter for field 17.**

## Exhibit 2 Description of Data Fields

18. **Deductible** – Enter applicable codes from the following tables.

Commercial				
Deductible Group	Code		Deductible Groups	Code
\$0 to \$2,500	CA		Less than or equal to 1%	C1
\$2,501 to \$7,500	CB		Greater than 1%, less than or equal to 2%	C2
\$7,501 to \$15,000	CC		Greater than 2%, less than or equal to 3%	C3
\$15,001 to \$50,000	CD		Greater than 3%, less than or equal to 4%	C4
Great than \$50,000 - Convert to a percentage	See % Ded. Groups		Greater than 4%, less than or equal to 5%	C5
			Greater than 5%, less than or equal to 6%	C6
			Greater than 6%, less than or equal to 7%	C7
			Greater than 7%, less than or equal to 8%	C8
			Greater than 8%, less than 10%	C9
			10% or Greater	C0
Residential, Tenants, or Condominium Unit Owners				
Deductible Group	Code		Deductible Groups	Code
\$0	RM		Less than or equal to 1%	R1
\$1 to \$500	RA		Greater than 1%, less than or equal to 2%	R2
\$501 to \$1,500	RB		Greater than 2%, less than or equal to 3%	R3
\$1,501 to \$2,500	RC		Greater than 3%, less than or equal to 4%	R4
Greater than \$2,500	RD		Greater than 4%, less than or equal to 5%	R5
Great than \$50,000 - Convert to a percentage	See % Ded. Groups		Greater than 5%, less than or equal to 6%	R6
			Greater than 6%, less than or equal to 7%	R7
			Greater than 7%, less than or equal to 8%	R8
			Greater than 8%, less than 10%	R9
			10% or greater, less than 15%	R0
			15% or greater	RZ
Mobile Home				
Deductible Group	Code		Deductible Groups	Code
\$0	RM		Less than or equal to 1%	M1
\$1 to \$250	RA		Greater than 1%, less than or equal to 2%	M2
\$251 to \$500	RB		Greater than 2%, less than or equal to 3%	M3
Greater than \$500	RC		Greater than 3%, less than or equal to 4%	M4
Greater than \$50,000 - Convert to a percentage	See % Ded. Groups		Greater than 4%, less than or equal to 5%	M5
			Greater than 5%, less than or equal to 6%	M6
			Greater than 6%, less than or equal to 7%	M7
			Greater than 7%, less than or equal to 8%	M8
			Greater than 8%, less than 10%	M9
			10% or Greater	M0

Except as instructed for commercial-habitation policies below, report the percentage or dollar deductible code based on how the policy deductible is written. For example, a \$100,000 residential policy written with a 2% deductible

## Exhibit 2      Description of Data Fields

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must be reported with code R2, not code RC (\$1,501 to \$2,500 deductible), regardless of how the deductible is “stated” to the policyholder.

For policies written with a percentage deductible and a minimum dollar deductible, report the percentage deductible.

For commercial-habitation policies (regardless of the Type of Business under which the policy’s exposure is reported) that have a policy deductible greater than \$50,000, the deductible amount must be converted to a percentage of the Coverage A value (Data Call field 4) and reported as a percentage deductible.

For commercial-habitation policies covering multiple structures/contents under an indivisible aggregate deductible, report the full blanket deductible for each record reported.

19. **NAIC Number** – Enter Company’s five digit NAIC Number

20. **NAIC Group Code** – Enter Company’s four digit NAIC Number. If Company is not a part of a group, enter 0000

21. **Length of Time with Carrier** – Enter the amount of time the insured has been with the current carrier rounded to the nearest year.

22. **Wind/Hail Exclusion** – Enter “Y” for yes, or “N” for no, to indicate whether a policy includes an exclusion for wind and or hail. For example, if a policy has a wind/hail exclusion, enter “Y”.

23. **Submission Year** – Enter the year of submission (i.e. 2015)

24. **General Use Field** – Reserved for future use as needed

25. **General Use Field** – Reserved for future use as needed

26. **General Use Field** – Reserved for future use as needed

## Exhibit 3                      FIPS County Codes for Georgia

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APPLING	001	DECATUR	087	LAMAR	171
ATKINSON	003	DEKALB	089	LANIER	173
BACON	005	DODGE	091	LAURENS	175
BAKER	007	DOOLY	093	LEE	177
BALDWIN	009	DOUGHERTY	095	LIBERTY	179
BANKS	011	DOUGLAS	097	LINCOLN	181
BARROW	013	EARLY	099	LONG	183
BARTOW	015	ECHOLS	101	LOWNDES	185
BEN HILL	017	EFFINGHAM	103	LUMPKIN	187
BERRIEN	019	ELBERT	105	MACON	193
BIBB	021	EMANUEL	107	MADISON	195
BLECKLEY	023	EVANS	109	MARION	197
BRANTLEY	025	FANNIN	111	MCDUFFIE	189
BROOKS	027	FAYETTE	113	MCINTOSH	191
BRYAN	029	FLOYD	115	MERIWETHER	199
BULLOCH	031	FORSYTH	117	MILLER	201
BURKE	033	FRANKLIN	119	MITCHELL	205
BUTTS	035	FULTON	121	MONROE	207
CALHOUN	037	GILMER	123	MONTGOMERY	209
CAMDEN	039	GLASCOCK	125	MORGAN	211
CANDLER	043	GLYNN	127	MURRAY	213
CARROLL	045	GORDON	129	MUSCOGEE	215
CATOOSA	047	GRADY	131	NEWTON	217
CHARLTON	049	GREENE	133	OCONEE	219
CHATHAM	051	GWINNETT	135	OGLETHORPE	221
CHATTAHOOCHEE	053	HABERSHAM	137	PAULDING	223
CHATTOOGA	055	HALL	139	PEACH	225
CHEROKEE	057	HANCOCK	141	PICKENS	227
CLARKE	059	HARALSON	143	PIERCE	229
CLAY	061	HARRIS	145	PIKE	231
CLAYTON	063	HART	147	POLK	233
CLINCH	065	HEARD	149	PULASKI	235
COBB	067	HENRY	151	PUTNAM	237
COFFEE	069	HOUSTON	153	QUITMAN	239
COLQUITT	071	IRWIN	155	RABUN	241
COLUMBIA	073	JACKSON	157	RANDOLPH	243
COOK	075	JASPER	159	RICHMOND	245
COWETA	077	JEFF DAVIS	161	ROCKDALE	247
CRAWFORD	079	JEFFERSON	163	SCHLEY	249
CRISP	081	JENKINS	165	SCREVEN	251
DADE	083	JOHNSON	167	SEMINOLE	253
DAWSON	085	JONES	169	SPALDING	255

## **Exhibit 3            FIPS County Codes for Georgia**

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STEPHENS	257
STEWART	259
SUMTER	261
TALBOT	263
TALIAFERRO	265
TATTNALL	267
TAYLOR	269
TELFAIR	271
TERRELL	273
THOMAS	275
TIFT	277
TOOMBS	279
TOWNS	281
TREUTLEN	283
TROUP	285
TURNER	287
TWIGGS	289
UNION	291
UPSON	293
WALKER	295
WALTON	297
WARE	299
WARREN	301
WASHINGTON	303
WAYNE	305
WEBSTER	307
WHEELER	309
WHITE	311
WHITFIELD	313
WILCOX	315
WILKES	317
WILKINSON	319
WORTH	321

## Exhibit 4      Example Data Entries

Field #	Description	Type/Company Information	Entry
1	Policy Number	ABC1234	ABC1234
2	Effective Date	December 24, 2015	12/24/2015
3	Expiration Date	December 24, 2016	12/24/2016
4	Ins Value Building/Dwelling	\$600,000	600000
5	Ins Value Other Structures	\$50,000	50000
6	Ins Value Contents	\$10,000	10000
7	Ins Value Addl Living Exp	\$5,000	5000
8	Type of Business	Residential	2
9	Line of Business	Homeowners	2
10	Second Home	Non-Primary Residence	Y
11	Street Address	123 ABC Parkway	123 ABC Pkwy
12	Street Address 2	Suite # 500	Suite 500
13	City	Sample City	Sample City
14	Zip + 4	55555-5555	55555-5555
15	County	Fayette	113
16	Geo Code	Latitude 33.479413	33.479413
17	Geo Code	Longitude -84.586966	-84.586966
18	Deductible Group	\$2,000	RC
19	NAIC Number	55555	55555
20	NAIC Group Code	0000	0000
21	Length of Time with Carrier	Insured has been a policyholder for 10 years	10
22	Wind/Hail Exclusion	Policy includes wind/hail exclusion	Y
23	Submission Year	2015	2015
24	General Use Field	(optional)	
25	General Use Field	(optional)	
26	General Use Field	(optional)	

## Exhibit 5      Example Data Records

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### Example 1 – Record with entry in every field

ABC1234|12/24/2015|12/24/2016|600000|50000|10000|5000|2|2|Y|123 ABC Pkwy|Suite 500|Sample City|55555-5555|113|33.479413|-84.586966|RC|55555|0000|10|Y|2015

### Example 2 – Record with Geo Code provided and Address fields left blank with delimiters to maintain field count

ABC1234|12/24/2015|12/24/2016|600000|50000|10000|5000|2|2|Y|||55555-5555|113|33.479413|-84.586966|RC|55555|0000|10|Y|2015

### Example 3 – Record with address fields provided but with Geo Codes left blank with delimiters to maintain field count

ABC1234|12/24/2015|12/24/2016|600000|50000|10000|5000|2|2|Y|123 ABC Pkwy||Sample City|55555-5555|113|||RC|55555|0000|10|Y|2015

### Example 4 – Record with address fields left blank and Geo Code stored as one pair The pair is entered in Field 16. Field 17 is left blank with delimiters to maintain field count.

ABC1234|12/24/2015|12/24/2016|600000|50000|10000|5000|2|2|Y|||55555-5555|113|33.479413,-84.586966||RC|55555|0000|10|Y|2015

## Exhibit 6      Officer Submission Statements

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The Data Call submission should include an attestation by an officer of the submitting company as follows.

- I, the undersigned, do state that, to the best of my knowledge, the file submission provided is complete and accurate.
- I, the undersigned, am an officer of the captioned Company, acting within my authority in making these declarations, and I have conducted, or have had conducted, a diligent review of said Company's records and systems to determine the truth of these statements.
- I, the undersigned, do certify the upload contains \_\_\_\_\_ number of records in the data file. If no data to report, enter "0".

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_